



Office of Substance Abuse and Mental Health Services

Adult Mental Health Services Provider Listing Form

CHANGE Agency Information

This form is to be used to change, correct, or update information for an agency, or an agency's location, that is in the adult mental health services provider contact list. Fill in all available information into the fields below. When completed, return the form to Julia Mason at julia.mason@maine.gov. If you have questions, please contact Julia at 207-287-6667.

Agency and Location: *This form must be completed for each agency location.*

Agency:
Person Submitting Form:
 Name:
 Phone:
 E-mail:.....
 Date of Submission:.....

Current Agency Location Information

Agency Name:.....
Location Name (if applicable): .
Street Address:
City
Zip:
Phone:.....
Fax:
TTY:
Internet URL:.....
County:.....
Town

Updated Agency Location Information

Type only the information that you want to replace the current information

Agency Name:.....
Street Address:
City
Zip:
Phone:.....
Fax:
TTY:
Internet URL:.....
County:.....
Town

Services Provided:

Check off the box(es) for the service(s) that your agency/location provides.

<u>Add</u>	<u>Delete</u>		<u>Add</u>	<u>Delete</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Assertive Community Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Medication Services
<input type="checkbox"/>	<input type="checkbox"/>	Behavioral Health Home	<input type="checkbox"/>	<input type="checkbox"/>	Medication Assisted Treatment
<input type="checkbox"/>	<input type="checkbox"/>	Community Integration Services	<input type="checkbox"/>	<input type="checkbox"/>	Nursing Homes
<input type="checkbox"/>	<input type="checkbox"/>	Community Rehabilitation Services	<input type="checkbox"/>	<input type="checkbox"/>	Residential Treatment
<input type="checkbox"/>	<input type="checkbox"/>	Crisis Services	<input type="checkbox"/>	<input type="checkbox"/>	Recreation, Social and Leisure
<input type="checkbox"/>	<input type="checkbox"/>	Crisis Stabilization in Home	<input type="checkbox"/>	<input type="checkbox"/>	Rental Subsidies
<input type="checkbox"/>	<input type="checkbox"/>	Crisis Stabilization Mobile Response	<input type="checkbox"/>	<input type="checkbox"/>	Skills Development Services
<input type="checkbox"/>	<input type="checkbox"/>	Crisis Stabilization Res. Facility	<input type="checkbox"/>	<input type="checkbox"/>	Social Clubs and Drop-in Centers
<input type="checkbox"/>	<input type="checkbox"/>	Daily Living Support	<input type="checkbox"/>	<input type="checkbox"/>	Specialized Group Services
<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	Supported Employment
<input type="checkbox"/>	<input type="checkbox"/>	Individual and Group Counseling	<input type="checkbox"/>	<input type="checkbox"/>	Supported Housing
<input type="checkbox"/>	<input type="checkbox"/>	Inpatient	<input type="checkbox"/>	<input type="checkbox"/>	Warm Lines
			<input type="checkbox"/>	<input type="checkbox"/>	Wraparound and Flexible Funds

Counties Serviced:

Check off the box(es) for the counties in which your agency/location provides services:

<input type="checkbox"/> Androscoggin	<input type="checkbox"/> Knox	<input type="checkbox"/> Somerset
<input type="checkbox"/> Aroostook	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Waldo
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Oxford	<input type="checkbox"/> Washington
<input type="checkbox"/> Franklin	<input type="checkbox"/> Penobscot	<input type="checkbox"/> York
<input type="checkbox"/> Hancock	<input type="checkbox"/> Piscataquis	
<input type="checkbox"/> Kennebec	<input type="checkbox"/> Sagadahoc	

Please complete this form and return it to Julia Mason at julia.mason@maine.gov or

DHHS/SAMHS, SHS 11. 41 Anthony Ave., Augusta, ME 04333-0011

For questions or information, please contact Julia Mason at 207-287-6667

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